



TRANSAXLE LTD

NEW UNIT RETURNS FORM

COMPANY DETAILS			
Company Name:			
Tel No:		Date:	
CLAIM DETAILS			
Part No:		Transaxle Inv No:	
Your Returns Note No:			
REASON FOR RETURN			
Name:		Position:	
Signature:			
<p>New units returned will be subject to a 15% handling and repacking charge (unless agreed otherwise)</p> <p>All New units received will be inspected before any credits are raised</p>			
BELOW IS FOR INTERNAL USE ONLY			
Reviewed By:		Date Received:	
Manager Approval:		Date Reviewed:	
CHECK REPORTS			
<input type="checkbox"/> All Parts received (carrier etc)		Comments _____	
<input type="checkbox"/> No Damages (seals, sensor etc)		_____	
<input type="checkbox"/> Other (add to comments)		_____	
Accepted (v / X):		Rejected (v / X):	
OTHER NOTES			